

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**2 Mar 22, 2007 8:00 am
Secretary of State**

02-13-2007 90056 006 ****50.00

DOCUMENT # L05000081096

1. Entity Name

MILE HIGH AVIATION PARTNERS, LLC



Principal Place of Business

SUITE 1B AQUA COMPLEX
29 OLD KINGS ROAD N.
PALM COAST, FL 32137

Mailing Address

SUITE 1B AQUA COMPLEX
29 OLD KINGS ROAD N.
PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3733670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUNTARP, PAUL M JR.
185 CYPRESS POINT PKWY., STE. 6
PALM COAST, FL 32164

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SCHATZ, EDWARD E JR.
29 OLD KINGS ROAD N., SUITE 1B
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #